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APPLICANTS Gust H. Bardy, Seattle, WA;				
** CONTINUING DATA ***** This application is a CON of 09/861,373 05/18/2001 which is a CON of 09/476,600 12/31/1999 PAT 6,261,230 which is a CIP of 09/361,777 07/26/1999 PAT 6,203,495 which is a CIP of 09/324,894 06/03/1999 PAT 6,312,378				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/17/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY WA	SHEETS DRAWING 29	TOTAL CLAIMS 32
				INDEPENDENT CLAIMS 3
ADDRESS 22895				
TITLE SYSTEM AND METHOD FOR PROVIDING FEEDBACK TO AN INDIVIDUAL PATIENT FOR AUTOMATED REMOTE PATIENT CARE				
FILING FEE RECEIVED 1266	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	